

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	S.S.	48 69134	1/28/00 2-7-00
RESPONSE FORMALITY REVIEW	11	11	4-5-2000

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	2-7-16-03
2	2-9-3-03
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Claim	Date
1	2-11-03
2	2-9-3-03
3	2-8-5-24
4	5-26-03
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Claim	Date
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If more than 150 claims or 10 actions  
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